

PERSONAL DECLARATION – ANNUAL RECERT

Address: _____
Street Address, City, State, Zip

Phone #: _____

HOUSEHOLD COMPOSITION: List all persons who will be living in your home beginning with head of household and other adults first. You must use the correct legal name for each member as it appears on their social security card.

ADULTS (AGE 18 & OVER) – Legal Name	SEX (M or F)	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE (Indicate # below)	ETHNICITY 1-Hispanic or Latino 2-Not-Hispanic or Latino
1)				Self		
2)						
3)						

RACE NUMBERS: 1-White, 2-Black or African American, 3-American Indian or Alaska Native, 4-Asian, 5-Native Hawaiian or Other Pacific Islander, 6-Other

CHILDREN – Legal Name	SEX (M or F)	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE (Indicate # below)	ETHNICITY 1-Hispanic or Latino 2-Not-Hispanic or Latino
1)						
2)						
3)						
4)						
5)						
6)						

RACE NUMBERS: 1-White, 2-Black or African American, 3-American Indian or Alaska Native, 4-Asian, 5-Native Hawaiian or Other Pacific Islander, 6-Other

If separated or divorced, list name & address of spouse/ex-spouse, or use this section to indicate absent parent information:

NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
SS NUMBER		

INCOME

EMPLOYMENT: (Sign applicable Employment, Self-Employment or Affidavit of Non-Employed Status verification(s).

List ALL Full and/or Part-time employment for each household member who is 18 years or older.

NAME	EMPLOYER	ADDRESS	PHONE	GROSS PAY	*HOW OFTEN PAID
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

*biweekly (26 times a year), or twice a month (24 times a year), or monthly

OTHER INCOME:

Do you or anyone living in your household receive any of the following: Written verification is required.

	AMOUNT	*HOW OFTEN	
TANF (Temporary Aid for Needy Families)			Technician Name: Loveland or Fort Collins (circle one) (Sign Social Services Verification)
FOOD STAMPS			
AND (Disability)			(Sign Social Services Verification)
OLD AGE PENSION (OAP)			(Sign Social Services Verification)
SOCIAL SECURITY Note: if your dependent receives Social Security or SSI, you must report that as well			Award Letter or Copy of Check Requested
SSI (SUPPLEMENTAL SECURITY)			Award Letter or Copy of Check Requested
PENSION			Verification Requested
VETERANS BENEFITS			Verification Requested
CHILD SUPPORT			Family Support Registry (Y or N) Number _____ (Sign applicable Child Support Income or Child Support None Verifications)
ALIMONY			Verification Required
UNEMPLOYMENT BENEFITS			Verification Required
WORKERS' COMPENSATION			Verification Required
SCHOLARSHIP/GRANTS			Are you a Fulltime Student? Y or N If yes, where? (Give verification of grants & Sign Affidavit of Non-Employed Status if applicable)
OTHER (i.e. LEAP, etc.)			

ASSETS (AFFECT INCOME):

(Sign Banking Verification(s).

Checking Account # _____	Name of Bank _____
	Address _____
Savings Account # _____	Name of Bank _____
	Address _____
Certificates	Name of Bank _____
	Address _____
Stocks/Bonds	Value \$ _____
Life Insurance	Name/Address of Company _____

Do you now own real estate? Y or N. If yes, state value _____. Where is property located? _____
Have you sold any real estate in the last two years? Y or N

MISCELLANEOUS:

Does anyone outside of your household pay for any of your bills or give you money? Y or N If yes, please explain.

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Y or N. If yes, please explain.

Have you or any member received any previous Federal housing assistance? Y or N If yes, list where and when. Do you still owe money? Y or N If yes, how much? _____

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Y or N If yes, please explain.

Have you or anyone in your household ever been convicted of any crime other than traffic violations? Y or N If yes, explain below.

ALLOWANCES:

CHILDCARE EXPENSES: (Sign ChildCare Expense or Social Services Verification(s).

Continue only if Head of Household is working or going to school fulltime. In the case where both parents are present, the above statement has to apply to BOTH.

NAME OF CHILD CARE PROVIDER	ADDRESS	PHONE
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Cost per week? _____ or per month? _____
If you receive CCAP or other assistance to pay childcare, indicate your out-of-pocket expense. _____
per week or month (circle one)?

ALLOWANCES

MEDICAL EXPENSES: (Sign Medical Payment Plan or Prescription Drug Verification(s).

Continue only if you are age 62 or older, disabled or handicapped, and the following applies. The Department of Housing and Urban Development (HUD) has issued regulations governing medical expenses. All medical deductions will cover only **ONGOING, ANTICIPATED OUT-OF-POCKET** medical expenses (balance of what your insurance does not pay).

Allowable medical deductions include, but are not limited to

- doctor verified office visits
- treatments
- x-rays
- eye exams
- cost of glasses
- prescribed medicine taken on an on-going basis
- over-the-counter medication that is doctor-prescribed
- hearing aids and batteries
- home health care allowances
- health insurance premiums

1. Are you receiving medical benefits? Y or N
2. Do you have a Medicare-Approved Drug Discount Card? Y or N If yes, what is the value \$ _____?
3. Do you pay any medical insurance? Y or N
If yes, to who, how often, and how much? _____

4. Are you making payments on outstanding medical bills? Y or N
If yes, to who, how often, and how much? _____

5. Do you take prescription drugs on a REGULAR AND ONGOING BASIS? Y or N
If yes, name of Pharmacy _____
Street Address, City, State, Zip _____

APPLICANT/TENANT(S) CERTIFICATION: I/We certify that all information regarding my family size and income is true and complete to the best of my knowledge and belief. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance, or termination of tenancy.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date